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President's Page

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President's Page

Linacre Quarterly and 'Responsible Dissent'

The constitution of the National Federation of Catholic Physicians' Guilds defines our purpose to include two principal functions:

1. To uphold the principles of Catholic Faith and Morality as related to the science and practice of medicine.
2. To assist the Vicar of Christ, the Bishop, and the whole Christian community with leadership, especially with the particular knowledge, skill, and experience we have as Christian physicians.

Although the constitution can be and is amended with regularity, the aforementioned principles have survived unaltered through a whole succession of officers and executive committees with broadly differing perspectives and richly contrasting priorities for the organization. The principles cannot be said, therefore, to be the mere product of a minority of the membership or of any extremist incumbent faction.

The principles are, nevertheless, an interface for contrasting viewpoints within the membership. Principally in contention are those who would want the above purposes to be interpreted literally and others who would want the principles to be adapted under the rubric of "responsible dissent."

The phenomenon of theological dissent is not peculiar to our times. Such dissent is not only traditional but it is also both desirable and necessary insofar as it promotes dialogue, research, the understanding of nuances of meaning and the development of modern insights into

long-standing ethical norms. Disagreements arise not from the acceptance of dissent, per se, but rather from varying interpretations as to which forms of dissent are truly "responsible." The National Federation of Catholic Physicians' Guilds includes in its membership those who would subscribe to a variety of definitions of "responsible dissent." In general, this leads to no great incompatibility in individual guilds although different groups may engage in markedly contrasting emphasis when it comes to pursuing local activities.

At the national level, there has been a genuine attempt to reconcile contrasting viewpoints into a meaningful consensus. The executive committee is chosen by a democratic process which guarantees geographic as well as philosophical variety in representation. Very few actions of the executive committee are unanimous and virtually none occurs without debate.

The organization is, however, a microcosm of the Church at large and, not surprisingly, has its greatest difficulty in reaching a consensus of issues related to the promulgation of the encyclical *Humanae Vitae*. There are basic premises, however, to which a comfortable majority of the national membership evidently subscribes. It would be well to list these areas of agreement for purposes of clarification and emphasis:

1. There does exist a concept of authentic teaching authority within the hierarchically structured Church. This has been reaffirmed in the Documents of Vatican II, particularly *Gaudium Spes* and *Lumen Gentium*. The latter reads, in part, "Religious submission of will and mind must be shown in a special way to the authentic teaching authority of the Roman Pontiff, even when he is not speaking '*ex cathedra*'."
2. The most recent authentic magisterial teaching on the subjects of contraception, sterilization and abortion is *Humanae Vitae*. That encyclical states: "We must again declare that the direct interruption of the generative processes already begun; and, above all, directly willed and procured abortion, even if for therapeutic reasons, are to be excluded absolutely as a licit means of regulating birth. Equally to be excluded, as the teaching authority of the Church has frequently declared, is direct sterilization whether perpetual or temporary, whether of the man or the woman." Thus, one must inevitably conclude that, in the objective order of things, contraception, abortion, and sterilization are morally evil acts.
3. The American bishops (and virtually all national conferences of bishops world-wide) have subscribed to this papal viewpoint on contraception, sterilization, and abortion in official statements. Individual conferences of bishops have expressed differences of opinion regarding pastoral problems of conscience, the need to inform the uninformed conscience, and problems related to conflicts of duties in particular couples. The important fact of unanimity, however, consists in the knowledge that no group of bishops said that the Pope was wrong or that contraception, sterilization, or abortion were right.

If we accept the above as a fair statement of consensus, then a question arises as to how any Catholic physician, guild member or not, forms his conscience on the issues of contraception, sterilization, and abortion. The function of anyone's conscience is to apply moral

knowledge to a specific action or situation. Obviously one's conscience can judge correctly or incorrectly. Many factors enter into the formation of conscience, but none looms so large as the sacred and certain doctrine of the Church. No one would want to interfere with the freedom of conscience of another. No one, however, has the right to do anything which is morally wrong and it would be perilous to presume that it is conscience and not objective truth which determines right or wrong. Likewise, it would be ludicrous to suggest that a conscience is free only when it is not obligated to any rules.

In a period of great ferment, such as our present post-Vatican II period, doubt is created, by public theological debate, as to the authenticity of various traditional magisterial teachings. In most instances, and certainly in the matters of contraception, sterilization, and abortion, the Holy See has taken great pains to clarify and re-emphasize the norms which transcend the acceptable areas of disagreement. Many obviously remain unconvinced and some would assert their right to act on a doubtful conscience as well as a certain conscience. Those who are doubtful or unconvinced, in many instances would proclaim not only their duty to withhold assent to magisterial teachings but rather a "right to dissent." They would see this right to be limited only by standards of "responsibility."

Those who adhere to the teachings of *Humanae Vitae* in their medical practice and in their organizational activities within the Catholic Physicians' Guilds would also assert a "right to dissent." In the broader context of the society, they are dissenting from prevailing cultural norms. In opposing contraception, sterilization, and/or abortion, one must inevitably come into conflict with the doctrines promulgated by the press, the media and the leadership of almost every professional society in organized medicine. When the Catholic physician accepts contraception, sterilization, or abortion, he is making himself more "acceptable" in the eyes of his patients, his professional peers and his social circles. He is still free to join with them on other social projects such as peace, the environment, racial justice and the like. It is somewhat paradoxical to label as a "dissenter" the physician who has, in fact, assented to the society's secular humanist consensus. If a Catholic physician avoids taking the unpopular position on the divisive issues of contraception, sterilization, and abortion, he has truly joined "the establishment." Not only will he avoid the daily confrontations involved in asserting his conscience as against that of his patients but he will frequently achieve a new status among his colleagues. He will now be treated as a person somehow more "intellectual" since he is willing to discard positions which are merely "dogmatic, medieval, or scientifically insupportable." Strangely enough, the accumulation of increasing evidence of the unfavorable societal effects of abortion and the contraceptive mentality will seemingly never threaten his position. There will be a large body of the clergy

who will support his "dissent" as a form of "true Christian witness."

In point of fact, the argumentation of *Humanae Vitae* will bear the most rigorous rational scrutiny (whether one agrees with it or not) and those who practice medicine by the tenets of that encyclical cannot validly be accused of denying their patients anything which would compromise their best interests. To those who consider obedience to magisterial teachings to be "anti-intellectual," George Bernard Shaw has an excellent response. Writing in his preface to *St. Joan*, he states, "The famous dogma of Papal infallibility is, by far, the most modest pretension of the kind in existence. Compared with our infallible medical councils, our infallible astronomers, our infallible judges and our infallible parliaments, the Pope is on his knees in the dust confessing his ignorance before the Throne of God, asking only that as to certain historical matters on which he has clearly more sources of information open to him than anyone else, his decision shall be taken as final." (Catholic loyalists would agree with Shaw while adding a divine dimension to the Pope's "sources of information.")

Like all who profess the Catholic faith, members of the National Federation of Catholic Physicians' Guilds believe that the true voice of the Church originates from the Vicar of Christ and the bishops who sit in apostolic succession. There are other voices which should be heard, however, even though they speak only for themselves and not for the official Church. This is why *Linacre Quarterly*, our official journal, has always been open to *responsible* expressions of theological dissent. In an age where so-called scientific journals have rigidly excluded material of an anti-abortion perspective and where editors of theological journals have severely limited the access of traditionalist Catholic scholars to publication, *Linacre Quarterly* takes justifiable pride in its record. It has been the aim of the editors and officers of the National Federation to fulfill our purpose "to uphold the principles of Catholic Faith," and "to assist the Christian community with leadership." It is our prayerful hope that we can accomplish these purposes without giving scandal to our readership.

— Eugene F. Diamond, M.D.